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Bib Data Sheet

CONFIRMATION NO. 9920

SERIAL NUMBER 10/051,186	FILING DATE 01/22/2002 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF129C2
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/455,442 12/06/1999 ABN
 which is a CON of 08/461,250 06/05/1995 ABN
 which is a CIP of PCT/US95/01587 02/03/1995
 and is a CIP of PCT/US94/09235 08/16/1994

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	14	20	2
Verified and Acknowledged	Examiner's Signature MDP 4/15/05	Initials		

ADDRESS
 22195
 HUMAN GENOME SCIENCES INC
 INTELLECTUAL PROPERTY DEPT.
 14200 SHADY GROVE ROAD
 ROCKVILLE, MD
 20850

TITLE
 Calcitonin gene related peptide receptor

<p>FILING FEE</p> <p>RECEIVED</p> <p>740</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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